S. No. 2
M—9-4-41
v. 5-17-39
I X29484

Dr Goebe

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1542

Registration District No. 775 Primary Registration District No. 6020 Registrar's No. 16

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

94
2
1

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois 94
(c) City or town Bonne Terre 2
(If outside city or town limits, write "RURAL")
(d) Street No. Stone 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ORVIL CLIFTON STEINMETZ
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 6 (Day) 1912 (Year)

8. AGE: Years 29 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Bonne Terre Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Harry Joseph Steinmetz
13. Birthplace Bonne Terre Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Addie C. Kelly
15. Birthplace Jefferson Co Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Addie Steinmetz
(b) Address Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation B.T. Cemetery
18. (a) Signature of funeral director Benham Hd Co
(b) Address Bonne Terre Mo
19. (a) 4-20-42 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1942 hour 2 minute 15 P M.
21. I hereby certify that I attended the deceased from Dec, 1941, to April, 1942 that I last saw him alive on 4-18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma stomach	unk
Due to	
Due to	
Other conditions Partial obstruction bowel (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46 P

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature H O Goebe (M. D. or other)
Address Dexlage Date signed 4-22-42

1194 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 542 - 544
Date Filed 5-12-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Leonard John Vargo, Registered Apprentice No. 311, working under my personal supervision.

Signed C. J. Clayweel

Licensed Embalmer No. 3706

P. O. Address Bonne Terre Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.